

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/018199		FILING DATE 14 DEC 2001	
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1							51		/	
2							52		/	
3							53		/	
4							54		/	
5							55		/	
6							56		/	
7							57		/	
8							58		/	
9							59			
10							60			
11							61			
12							62			
13							63			
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27							77			
28							78			
29							79			
30							80			
31							81			
32			/				82			
33			/	/			83			
34			/	/			84			
35			/	/			85			
36			/	/			86			
37			/	/			87			
38			/	/			88			
39			/	/			89			
40			/	/			90			
41			/	/			91			
42			/	/			92			
43			/	/			93			
44			/	/			94			
45			/	/			95			
46			/	/			96			
47			/	/			97			
48			/	/			98			
49			/	/			99			
50			/	/			100			
TOTAL IND.			/				TOTAL IND.	0		
TOTAL DEP.			18				TOTAL DEP.	8		
TOTAL CLAIMS			19				TOTAL CLAIMS	8		